

FEB 1 2011

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY: (MIDDLE)
Davis Mike

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

48th AD

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-OR-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 02-01-2011
(month, day, year)

Signature _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Davis

► NAME OF SOURCE

Office of the Governor

ADDRESS (Business Address Acceptable)

State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 10	\$ 21.53	State of the State Lchn
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

AT&T California

ADDRESS (Business Address Acceptable)

1215 K st. 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 10	\$ 300.00	41st NAACP Image A
__ / __ / __	\$	wards' Ticket
__ / __ / __	\$	

► NAME OF SOURCE

Entertainment Software Association

ADDRESS (Business Address Acceptable)

575 7th st, NW, 300, Washington, DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 10	\$ 102.96	Dinner
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

California State Protocol Foundation

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 06 / 10	\$ 35.47	State of the State Lchn
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

California Restaurant Association

ADDRESS (Business Address Acceptable)

621 Capitol Mall, 2000, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 27 / 10	\$ 45.00	Reception at Mix
__ / __ / __	\$	
__ / __ / __	\$	

► NAME OF SOURCE

John A. Perez for Assembly 2010

ADDRESS (Business Address Acceptable)

777 South Figueroa St, 4050, Los angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 10	\$ 110.00	Leather Portfolio
__ / __ / __	\$	
__ / __ / __	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Davis

► NAME OF SOURCE

San Manuel Band of Mission Indians

ADDRESS (Business Address Acceptable)

26569 community Center Dr. Highland, CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 10	\$ 26.66	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

AT&T Inc.

ADDRESS (Business Address Acceptable)

1215 K St. 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 13 / 10	\$ 39.00	Harold & bell's Restaur
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CFEE

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 10	\$ 103.00	Conference
/ /	\$	
/ /	\$	

► NAME OF SOURCE

AES Southland

ADDRESS (Business Address Acceptable)

690 N. Studebaker Rd., Long Beach, CA 90803

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 18 / 10	\$ 36.19	Tequila Tasting
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st st., 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 10	\$ 38.52	The Citizen Hotel, Sac
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Universal Music Group

ADDRESS (Business Address Acceptable)

701 8th St, 420, Washington, DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 10	\$ 410.00	2010 Grammy Awards
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Mike Davis</div>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>► NAME OF SOURCE <u>Office of the Mayor Antonio R. Villaraigosa</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K St, 208</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>01/01/10 - 12/31/10</u> AMT: \$ <u>420.00</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Airport Parking</u></p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION



2011 FEB 10 PM 1:49 **SCHEDULE D**
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mike Davis

► NAME OF SOURCE

Shows Supreme Master TV

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 13 / 10	\$ 145.00	Tiffany Water Pitcher
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Maritime e

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pacifica Institute

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 13 / 10	\$ 100.00	Frosted gold fruit bowl
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

RECEIVED

MAR 29 2011

BY: (d)(5)



RECEIVED
SCHEDULE D
PRACTICES COMMISSION
Income - Gifts
11 MAR 30 AM 9:46

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

NAME OF SOURCE
Calif. Foundation for the Environment & Economy*
ADDRESS (Business Address Acceptable)
Pier 35, Suite 202, San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit 501(c)(3)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 / 20 / 10 \$ 103.00 Conference
/ / \$
/ / \$

NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/ / \$
/ / \$
/ / \$

NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/ / \$
/ / \$
/ / \$

NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/ / \$
/ / \$
/ / \$

Verification

Print Name Assemblymember Mike Davis

Office, Agency or Court California Assembly District 48

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/29/2011 (d)(5)

Signature

Comments: * Reported originally as "CFEE".